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| **HUD RENT REFORM DEMONSTRATION**  **BASELINE INFORMATION FORM** |

**NOTE: This information is provided by the voucher holder / head of household.**

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| **Personal Identifiers** | | | |
| **1. HA Entity ID/ Household Identification Number:**  \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ **[Length will vary by HA]** | | | |
| **2. Head of Household’s Social Security Number:**  \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | |
| **3. Name**  3.A First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.B Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.C Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **4. Date of Birth:**  \_\_\_\_\_ /\_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_  MM DD YYYY | | | |
| **5.** **What is your marital status?**  1🔾 Married, living with spouse  2🔾 Living with a partner  3🔾 Single  4🔾 Separated  5🔾 Divorced  6🔾 Widow/Widower  7🔾 No answer | | | |
| **6. What is your citizenship status?**  1🔾 I am a U.S. citizen by birth  **[Go to 8]**  2🔾 I am a U.S. citizen by naturalization **[Go to 7]**  3🔾 I am a legal permanent resident **[Go to 7]**  4🔾 I have refugee or asylee status **[Go to 7]**  5🔾 No answer **[Go to 8]** | | | |
| **7. How long have you lived in the U.S.?**  1🔾 Less than 5 years  2🔾 5 to 9.99 years  3🔾 10 to 19.99 years  4🔾 20 years or longer  5🔾 No answer | | | |
| **8. How long have you received Section 8 rental assistance as a head of household?**  1🔾 Less than 1 year  2🔾 1 - 3.99 years  3🔾 4 - 6.99 years  4🔾 7 - 9.99 years  5🔾 10 or more years  6🔾 No answer | | | |
| **Primary Language** | | | |
| **9. What is the primary (or main) language that your family speaks at home?**  1🔾 English  2🔾 Spanish  3🔾 Chinese  4🔾 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4.A Specify  5🔾 No answer | | | |
| **Household Finances and Material Hardship** | | | |
| **10. Do you currently receive SNAP/food stamps?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | **11. Do you currently receive TANF or [Insert name of state or local public assistance program]?**  1🔾 Yes  2🔾 No  3🔾 No answer |
| **12. Including your own income, approximately how much was your total household income during the past 12 months before taxes?**  **Include all forms of income – earnings (including self-employment), child support, and any public cash assistance – that you or other members of your household received.**  1🔾 $0  2🔾 $1 - $4,999  3🔾 $5,000 - $9,999  4🔾 $10,000 - $14,999  5🔾 $15,000 - $19,999  6🔾 $20,000 - $24,999  7🔾 $25,000 - $29,999  8🔾 $30,000 or higher  9🔾 No answer | | | |
| **13. In general, how do your or your households finances usually work out at the end of the month?**  1🔾 There is some money left over,  2🔾 There is just enough to make ends meet, or  3🔾 There is not enough money to make ends meet?  4🔾 No answer | | | |
| **14. In the past 12 months was there ever a time when, because of cost, you or your household were not able to:** | | | |
| **14.a. Pay your rent?**  1🔾 Yes [Go to 14A1]  2🔾 No [Go to 14B]  3🔾 No answer [Go to 14B] | | **14.a.1. How often did this happen in the past 12 months?**  1🔾 1 Month  2🔾 2 or 3 months  3🔾 4 to 6 months  4🔾 6 or more months  5🔾 No answer | |
| **14.b. Pay your utility bills?**  1🔾 Yes [Go to 14B1]  2🔾 No [Go to 14C]  3🔾 No answer [Go to 14C] | | **14.b.1. How often did this happen in the past 12 months?**  1🔾 1 Month  2🔾 2 or 3 months  3🔾 4 to 6 months  4🔾 6 or more months  5🔾 No answer | |
| **14.c. Pay your telephone bill?**  1🔾 Yes [Go to 14C1]  2🔾 No [Go to 14D]  3🔾 No answer [Go to 14D] | | **14.c.1. How often did this happen in the past 12 months?**  1🔾 1 Month  2🔾 2 or 3 months  3🔾 4 to 6 months  4🔾 6 or more months  5🔾 No answer | |
| **14.d. Buy food?**  1🔾 Yes [Go to 14D1]  2🔾 No [Go to 14E]  3🔾 No answer [Go to 14E] | | **14.d.1. How often did this happen in the past 12 months?**  1🔾 1 Month  2🔾 2 or 3 months  3🔾 4 to 6 months  4🔾 6 or more months  5🔾 No answer | |
| **14.e. Buy prescriptions for medicine?**  1🔾 Yes [Go to 14E1]  2🔾 No [Go to 14F]  3🔾 No answer [Go to 14F] | | **14.e.1. How often did this happen in the past 12 months?**  1🔾 1 Month  2🔾 2 or 3 months  3🔾 4 to 6 months  4🔾 6 or more months  5🔾 No answer | |
| **14.f. See a doctor or get medical assistance?**  1🔾 Yes [Go to 14F1]  2🔾 No [Go to 15]  3🔾 No answer [Go to 15] | | **14.f.1. How often did this happen in the past 12 months?**  1🔾 1 Month  2🔾 2 or 3 months  3🔾 4 to 6 months  4🔾 6 or more months  5🔾 No answer | |
| **Personal Finances** | | | |
| **15. Do you currently have a savings or checking account at a bank or a credit union?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **16. How much money do you currently have saved?**  **This includes money at home; in a savings, checking, credit union, or money market account; and certificates of deposit. Do not include pension funds or retirement accounts.**  1🔾 $0  2🔾 $1- $500  3🔾 $501-$1,000  4🔾 $1,001-$2,000  5🔾 $2,001-$5,000  6🔾 $5,001-$10,000  7🔾 $10,001-$20,000  8🔾 More than $20,000  9🔾 No answer | | | |
| **17. When you think about all your loans including, for example, money borrowed from friends or family, car loans, credit card debt, and student loans, what is the total amount you owe?**  1🔾 $0  2🔾 $1- $500  3🔾 $501-$1,000  4🔾 $1,001-$2,000  5🔾 $1,001-$5,000  6🔾 $5,001-$10,000  7🔾 $10,001-$20,000  8🔾 More than $20,000  9🔾 No answer | | | |
| **Educational Attainment** | | | |
| **18. What is the highest level of education that you have completed?**  1🔾 Grade 9 or less  2🔾 Grade 10 or grade 11  3🔾 Attended grade 12 but did not receive high school diploma or GED certificate  4🔾 GED certificate  5🔾 High school diploma  6🔾 Some college  7🔾 Associate’s or two-year degree  8🔾 Four-year college degree or higher  9🔾 No answer | | | |
| **19. Are you currently taking college courses for credit toward an Associate’s degree or Bachelor’s degree?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **20. Do you have any type of trade license or training certificate?**  **For example: A Commercial Driver’s License (CDL), Certified Nursing Assistant (CNA), or some other kind of certificate.**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **21. Are you currently taking any training courses or education classes to improve your skills, help you do a job, or find employment?**  **Please include things like computer training and basic skills courses or classes.**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **22. Are you currently receiving job search assistance (such as resume help, interview assistance, etc.) from a housing authority, temp agency, or any other program or organization to find a new or additional job?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **Employment Status** | | | |
| **23. Are you currently working for pay or self-employed?**  1🔾 Yes **[Go to 24]**  2🔾 No **[Go to 28]**  3🔾 No answer **[Go to 24]** | | | |
| **24. Which situation best describes your current employment?**  1🔾 I work for pay at a regular job  2🔾 I am self-employed  3🔾 I work at a temporary or seasonal job  4🔾No answer | | | |
| **25. How many jobs do you currently have?**  1🔾 1  2🔾 2  3🔾 3  4🔾 4 or more  5🔾 No answer | | | |
| **26. Counting all of your current jobs or businesses, how many hours do you typically work per week?**  \_\_\_\_\_\_\_ Hours  **[If you don’t know the exact number of hours, please check one range amount below]**  **26.a**  1🔾 1-20 hours  2🔾 21-34 hours  3🔾 35-48 hours  4🔾 49 or more hours  5🔾 No answer | | | |
| **27. Counting all of your current jobs or businesses, how much do you earn before taxes?** | | | |
| **27.a. Pay:**  $ \_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_  1🔾 No answer | **27.b. Per:**  1🔾 Hour  2🔾 Day \_\_\_\_\_\_\_  2.A Number of days per week of work  3🔾 Week  4🔾 Every two weeks  5🔾 Twice per month  6🔾 Month  7🔾 Year  8🔾 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8.A Specify  9🔾 No answer | | |
| **28. In the past 12 months, about how many months have you worked for pay or earned money from self-employment?**  **Count any month in which you worked at least one day part-time or full-time.**  55🔾 Did not work at any time  1🔾 1 Month  2🔾 2 Months  3🔾 3 Months  4🔾 4 Months  5🔾 5 Months  6🔾 6 Months  7🔾 7 Months  8🔾 8 Months  9🔾 9 Months  10🔾 10 Months  11🔾 11 Months  12🔾 12 Months  13🔾 No answer | | | |
| **29. Could you use public transportation (such as a bus, train, subway, or light-rail) to get to work, if necessary?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **30. Do you have or could you borrow a car, van, or truck, or get a ride to get to work, if necessary?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **Child Care** | | | |
| **31. Do you have any children under the age of 13 for whom you are responsible for and who usually live in your household at least two nights a week?**  1🔾 Yes **[Go to 32]**  2🔾 No **[Go to 36]**  3🔾 No answer **[Go to 36]** | | | |
| **32. Do you use any of the following program(s) or person/people to take care of your child(ren) while you are at work or attending a class, school, or job training?**  **[Check all that apply]**  A❑ Relative (grandparent, aunt, uncle, sibling of the child, etc.)  B❑ Unrelated adult in your home or another home  C❑ Center-based preschool care (child care center, daycare, nursery school, Head Start, preschool, after-school or before-school program)  D❑ After-school or before-school program or, when school is out, a summer camp  E❑ Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E.1 Specify  F🔾 Do not use any [Go to 36]  G🔾 No answer | | | |
| **33. Do you pay for any of the following program(s) or person/people to take care of your child(ren) while you are at work or attending a class, school, or job training?**  **[Check all that apply]**  A❑ Relative (grandparent, aunt, uncle, sibling of the child, etc.)  B❑ Unrelated adult in your home or another home  C❑ Center-based preschool care (child care center, daycare, nursery school, Head Start, preschool, after-school or before-school program)  D❑ After-school or before-school program or, when school is out, a summer camp  E❑ Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E.1 Specify  F🔾 Do not pay for any [Go to 34]  G🔾 No answer | | | |
| **34. How much in total do you currently pay per week for all child care arrangements?**    $\_\_\_\_\_\_\_\_\_\_\_\_\_($0-$1,000, 1001=More than $1,000)  **[If you don’t know the exact amount, please check one range amount below]**  **34.a.**  1🔾 $1 - $100  2🔾 $101 - $250  3🔾 $251 - $500  4🔾 $501 - $750  5🔾 $751 - $1000  6🔾 More than $1000  7🔾 No answer | | | |
| **35. Are you currently receiving help paying for child care from [Insert name of state agency] or any other program or agency?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **Employment Access Issues** | | | |
| **36. Does difficulty paying for child care or after-school supervision limit the kind or amount of work that you can do?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **37. Do you have a physical health problem that limits the kind or amount of work that you can do?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **38. Do you have an emotional or mental health problem that limits the kind or amount of work that you can do?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **39. Does the need to care for a sick or disabled family member limit the kind or amount of work that you can do?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **40. Have you ever been convicted of a felony?**  1🔾 Yes  2🔾 No  3🔾 No answer | | | |
| **Health and Health Insurance** | | | |
| **41. What kind of health insurance are you currently AND primarily covered by?**  1🔾 By public health insurance (ex.: Medicaid, Medicare, VA, Tri-Care, or a state or local  program)  2🔾 By employer-provided health insurance through either my work or my spouse’s work  3🔾 Other private health insurance  4🔾 I am not covered by health insurance  5🔾 No answer | | | |
| **Contact Information** | | | |
| **Please provide address and phone numbers for the voucher holder/ head of household.** | | | |
| **42. Home Address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  42.A Street Address 42.B Apt. #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  42.C City 42.D State 42.E Zip code | | | |
| **43. Phone Numbers**  43.A Home phone number:  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_  43.B Mobile phone number:  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_  43.C Work phone number:  (\_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | |
| **44. Email address:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Additional Contact Information** | | | |
| **Please provide the names, address, and telephone numbers of two family members or friends who will know how to reach you if we have difficulty contacting you.** | | | |
| **CONTACT 1:**  **45. Name**  45.A First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 45.B Middle Initial: \_\_\_\_\_  45.C Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **46. Relationship to you**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **47. Street Address**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  47.A Street Address 47.B Apt. #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  47.C City 47.D State 47.E Zip code  **48. Phone**  48.A Home phone: ( \_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_  48.B Cell phone: ( \_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_  **49. Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **CONTACT 2:**  **50. Name**  50.A First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 50.B Middle Initial: \_\_\_\_\_  50.C Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **51. Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **52. Street Address**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  52.A Street Address 52.B Apt. #  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  52.C City 52.D State 52.E Zip code  **53. Phone**  53.A Home phone: ( \_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_    53.B Cell phone: ( \_\_\_ \_\_\_ \_\_\_) \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_  **54. Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**FOR INTERVIEWER**:

**55. How well does the client speak English?**

1🔾 Very well

2🔾 Well

3🔾 Not very well

4🔾 Not at all

5🔾 No answer